

Appendix E-2

Quarterly Compliance Review Form

Quarterly Compliance Review for (Month/Year to Month/Year)

Site Name: _____

Division Name: _____

Date of Review: _____

Site Inspected By: _____

Division Storm Water
Compliance Representative: _____

Site Storm Water
Compliance Representative(s): _____

If the Division Storm Water Compliance Representative conducts the Quarterly Compliance Inspection, complete only boxes 1 and 2 for each of the following topics listed below. If a Designee (e.g., storm water consultant) of the Division Storm Water Compliance Representative conducts the Quarterly Compliance Inspection, Designee must complete boxes 1 and 2, and the Division Storm Water Compliance Representative must complete box 3 for each of the following topics listed below. Upon completion of the Quarterly Compliance Inspection, each of the following topics should be reviewed with all of the Site Storm Water Compliance Representatives. When the review is completed, the Division and all of the Site Storm Water Compliance Representatives shall sign the form in the space provided below.

Physical Condition of the Site and BMPs	
1.	Are there compliance issues related to the physical condition of the Site or BMPs? (circle one) Y or N If yes, what are the causes?
2.	If yes circled in question 1, recommended actions to address these issues include:
3.	If yes circled in question 1 and Quarterly Compliance Inspection was conducted by a Designee, does the Division Storm Water Compliance Representative have additional recommendations? Y or N If yes, list recommendations:

Adequacy of the Site Storm Water Plan and Recordkeeping Procedures
1. Are there inadequacies in the Storm Water Plan or the recordkeeping procedures? (circle one) Y or N If yes, describe any inadequacies.
2. If yes circled in question 1, recommended actions to address these issues include:
3. If yes circled in question 1 and Quarterly Compliance Inspection was conducted by a Designee, does the Division Storm Water Compliance Representative have additional recommendations? Y or N If yes, list recommendations:

Contractor Compliance with Storm Water Requirements
1. Are there any storm water compliance issues being caused by contractors or subcontractors? (circle one) Y or N If yes, what are the causes?
2. If yes circled in question 1, recommended actions to address these issues include:
3. If yes circled in question 1 and Quarterly Compliance Inspection was conducted by a Designee, does the Division Storm Water Compliance Representative have additional recommendations? Y or N If yes, list recommendations:

Number of Responsive Actions not Performed in the Time and Manner Required by the Applicable Permit

1. Are there compliance issues with the number of Responsive Actions not performed in the time and manner required by the Applicable Permit? (circle one) **Y** or **N** If yes, what are the causes?

2. If yes circled in question 1, recommended actions to address these issues include:

3. If yes circled in question 1 and Quarterly Compliance Inspection was conducted by a Designee, does the Division Storm Water Compliance Representative have additional recommendations? **Y** or **N** If yes, list recommendations:

Recurring Compliance Issues at the Site

1. Are there recurring compliance issues at the Site? (circle one) **Y** or **N** If yes, what are the causes?

2. If yes circled in question 1, recommended actions to address these issues include:

3. If yes circled in question 1 and Quarterly Compliance Inspection was conducted by a Designee, does the Division Storm Water Compliance Representative have additional recommendations? **Y** or **N** If yes, list recommendations:

Quarterly Compliance Review Summary for (Month/Year to Month/Year)

1. Discharges of pollutants prior to obtaining coverage under an Applicable Permit:

If yes, total number of days: _____

Yes	No	N/A
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2. Failure to perform or material failure to document the Pre-Construction Inspection and Review during this quarterly review period:

Yes	No	N/A
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3. Was the Site Storm Water Compliance Representative trained in accordance with Builder's storm water training program at the time of this Quarterly Compliance Inspection and Review?

Yes	No
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4. Site Inspections:

Total number of all Site Inspections required during the quarter: _____

Total number of missed or undocumented Site Inspections: _____

Percentage Compliance: _____

Total number of times a SWP was not available (or its location posted) during a Site Inspection: _____

Percentage Compliance: _____

5. Responsive Actions:

Total number of Responsive Actions identified during quarter: _____

Total number of Responsive Actions not addressed within the time allowed by the Applicable Permit: _____

Percentage Compliance: _____

The Division Storm Water Compliance Representative shall review the Quarterly Compliance Review Form with the Site Storm Water Compliance Representative(s), all of whom shall sign the Quarterly Compliance Review Form.

Name
Division Storm Water Compliance Representative

Signature

DATE

Name
Site Storm Water Compliance Representative

Signature

DATE